Periscope.

La Nouvelle Iconographie de la Salpêtrière.

(1901, No. 4, July and August.)

1. On a Case of Achondroplasia. R. CESTAN.
2. Some Remarks Upon Achondroplasia. E. APERT.
3. A Case of Family Rachitis. A. ZIMMERN.
4. Macrodactylia and Microdactylia. P. BEGOUIN and J. SABRAZES.
5. Myoclonia of the Type of Bergeron in a Degenerate Hysteric. R. BARNARD.
6. Experimental Researches Upon Fatigue Induced by Stimulation of the Olfactory Sense. CH. FÉRÉ.
7. Cerebral Tumor (Conclusion). E. DUPRÉ AND A. DEVAUX.
8. Supplementary Remarks Upon Dwarfs in Art. HENRY MEIGE.

1. *Achondroplasia.*—A paper containing many interesting facts on the subject of dwarfism together with a detailed clinical account of such a case observed in the nervous clinic at the Salpêtrière. The article is illustrated by a number of beautiful photographs and radiographs. Achondroplasia is a variety of dwarfism. A dwarf is an individual very much reduced in stature in comparison with other individuals of the same race, but with a correct proportion between the various portions of his body; in other words he is an homunculus. The question whether dwarfs can procreate their type is an interesting one, which is answered in the negative, according to the present state of our knowledge. The great majority of marriages between dwarves is unfruitful, or, if children happen to be born, they are normal. Dwarves can be divided into two groups: first, those in whom the abnormality is caused by a local trouble of the skeletal system, second, those in whom the abnormality is caused by a general nutritional disturbance. In the first group are contained the rachitic and achondroplastic dwarves. These cases produce normal children. In the second group belong myedematous and hereditary syphilitic dwarves. It can be concluded then that the dwarf of the white race is a pathological product, who cannot transmit his special characteristics, obeying in this respect the law of the evolution of species.

2. *Achondroplasia.*—An account of two achondroplasics, illustrated by photographs and radiographs. These are two dwarves whose trunks are normal in dimensions, but whose extremities are much shorter than the normal. Achondroplasia is then a congenital affection, characterized by a considerable diminution in the length of the long bones of the extremities. The proportion of the head and trunk, formed by the short or flat bones, is very nearly normal. This is a congenital affection for the reason that the same relations exist at birth as in later life. Photographs of fetal achondroplasiacs are given to illustrate this important fact. From these observations it is an easy matter to determine the difference between achondroplasia and rachitism. In the latter, if the extremities are diminished in length, it is not due to the lack of development of the

long bones, but to the fact that they become curved, softened and knotted. Rachitics can become micromelics, as is found in achondroplasia, but in rachitism the shortness of the extremities is acquired through the malformation of the osseous axis, and not simply through the reduction in length of this axis. In addition, in rachitics, the malformation is not limited to the extremities alone, but is found also in the head, thorax and trunk. The intelligence of achondroplastic dwarves as compared to the rachitic dwarves is greatly in favor of the former. The former are, as a rule, normal, while the latter often show a markedly inferior mental development. In regard to the cause of the deformity in achondroplasia, it is probable that it lies in the insufficiency of the formative material, the place of which is taken by the epyphesial or intradiaphesial cartilages. The localization of the process is confined to the long bones. Shortening takes place without thinning of the bone; for this reason, the term achondroplasia is well selected. It means a defect in the development of the cartilage.

3. *Family Rachitis.*—A study of a family of eight members, five of whom have been attacked by osseous dystrophy. They all show typical rachitic deformity. A short clinical history of each one is given, together with a family photograph.

4. *Macrodactylia and Microdactylia.*—Three observations of malformations of the fingers. The article is illustrated by photographs and radiographs.

5. *Myoclonia.*—A case of hysterical myoclonia in a man. Alcoholic paternal history. Psychical and physical stigmata of degeneration. Absence of ordinary hysterical stigmata. Tremor, astasia-abasia, simple chorea, fibrillary and electric chorea. This group of symptoms followed a psychical shock at the age of seven years. This case is of interest because of the effect of treatment and on account of the pathogenesis of the disease. Tartar emetic was administered according to the method devised by Bergeron, causing the disappearance of the myoclonic symptoms. This agent is in no sense to be rgarded as a specific; its use is to reinforce suggestion. The method employed is as follows: The patient was told that he was to be given a remedy which would surely cure the spasmodic movements. The dose at the beginning was 5 cg. After one hour he vomited and the spasms disappeared: The next day he was given 10 cg. and so on for two or three days. After this, suggestion under hypnotism. As a result, the myoclonic spasms disappeared, although the other hysterical symptoms were not affected.

6. *Cerebral Tumor.*—On account of the complexity and variety of the experimental data, this article cannot be abstracted.

SCHWAB (St. Louis).

Archives de Neurologie.

(1902, vol. 13, January, No. 1.)

1. Spasmodic Paraplegia Resembling Section of Cord due to Compression of Dorsal Cord. E. BRISSAUD AND E. FEINDEL.
2. Extension and Its Application in Treatment of Nervous Disease. P. KOUINDJY.
3. Spinal Meningeal Hemorrage above the Dura. A. COCHEZ.

1. *Spastic Paraplegia.*—The authors report a case with autopsy in support of the theory that a compression of the spinal cord acting like a ligature and transforming the cord tissue into a true cicatrix can cause a spastic paraplegia. They freely admit that a section of the cord when sudden and complete such as is produced by certain